

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1						
2						
3						
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49						
50						
TOTAL NO.	1					
TOTAL DEF.	4					
TOTAL	5					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
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99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/445769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5	/						55								
6							56								
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42							92								
43							93								
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46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	3						TOTAL DEP.								
TOTAL CLAIMS	5						TOTAL CLAIMS								